2010 ELECTION CYCLE

Delbert Hosemann SECRETARY OF STATE

obligations

REPORT OF RECEIPTS AND DISBURSEMENTS 2010 Non-Judicial Election	PECEIVE
Name of Candidate George DALE	
Address 110 TRACE Ridge, Clinton, MB 39056	JAN 2 8 2011
Telephone 601-351-2400 Fax 601-351-2424	Campaign Finance Secretary of State
Contact Name O Paul Stockwell, CPA Email NIA	Dividenta
Office Sought no longer Applicable Political Party Democra-	tic
Check here if above is different from previous report	
TYPE OF REPORT	
May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010)	
October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010)	
November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).	Runoff Candidates
January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010)	All Candidates and Political Committees
Termination Report (Candidate will no longer accept contributions or make campaign Regular	ed to terminate renorting

IMPORTANT

expenditures and has no outstanding campaign debt obligation)

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

Itemized + Non-itemized	= This Period	Calendar Year-To-Date
Total amount of contributions \$ ~ 0 - +\$ ~ 0 -	\$ -0-	\$ -0-
Total amount of disbursements \$2,982.00+\$ 19.84	\$ 3,001.84	\$3,001.84
Total amount of cash on hand	\$ 105,906.23	
I certify that have examined this report and to the best of my Signature of Candidate		pe, accurate, and complete

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements. Penalties: Failure to submit required reports, or fallure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, mutli-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.

Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

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Name of Candidate or Committee Gronge PALE
Reporting period Sanuary 1, 2010 through

through DECEMBER 31, 2010

ITEMIZED DISBURSEMENTS

5. PAUL Stockwell	Date (Mo., Day, Year)	
689-C TOWNE CENTER Blud.	03/01/10	\$ 362.50
Ridge Land, MS 39157	66/21/10	\$ 619.50
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 982.00
B. Full name GEORGE DALE	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 110 TRACE Ridge	08/27/10	\$ 2,000.00
City, State, Zip Code Clinton, MS 39056		S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 2,000.00
E Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	1-1-1	s
City, State, Zip Code		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Øate (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_/_/_	\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_/_/_	\$
City, State, Zip Code		5
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$